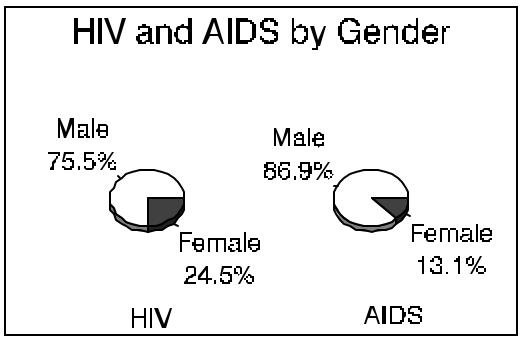
Epidemic Proportions: Trends in HIV Infections and AIDS Cases in Virginia

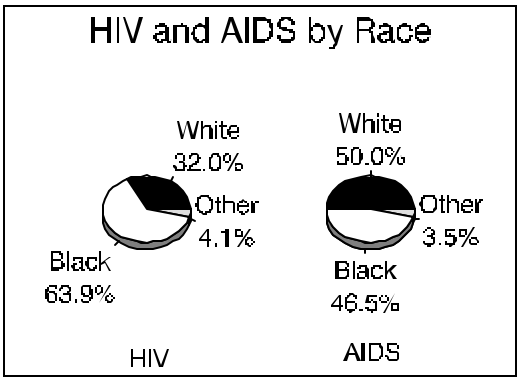
This brief report traces some of the important trends in the HIV/AIDS epidemic in Virginia. The period covered includes 1982-1995 (to 09/30) for AIDS and 1989-1995 for HIV. AIDS became a reportable disease in the state in 1983 and HIV infection became reportable in July, 1989.



GENDER. The proportion of HIV infections and AIDS cases among women in Virginia has increased steadily since reporting began. The trend in Virginia mirrors the national trend. During the early years of the epidemic (1982-1988), women accounted for only 8.0% of AIDS cases. Female cases accounted for more than 10% of all AIDS cases for the first time in 1991 (11.4%). The proportion of female cases has risen steadily from 14.1% in 1992 to 17.5% in 1995.

The proportion of HIV infections among women has exceeded the proportion of female AIDS cases each year since HIV reporting began in 1989. After accounting for 11.6% of all HIV cases in 1989, 23.1% of infections occurred among female Virginians in 1991. In each year since 1991, over 25% of the HIV cases reported have been female cases. In 1995, 26.7% of all HIV cases (246 out of 922) were reported among females. When gender is taken as the variable of interest, the trend among both AIDS and HIV is toward a higher proportion of female cases.

RACE/ETHNICITY. The distribution of AIDS cases by race has changed over time. In the period between 1982 and 1988, white cases accounted for 63.8% of

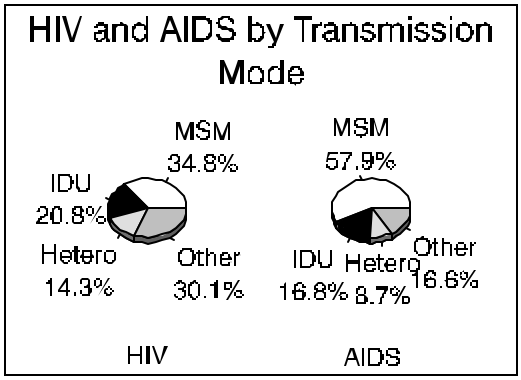


all AIDS cases; African-Americans accounted for 32.7% of the cases in this period. The proportion of AIDS cases among whites has declined steadily in each year since 1988; it fell below 50% in 1992 and declined to 42.6% in 1995. Hispanic, Asian/Pacific Islanders and American Indian/Alaskan Natives did not experience a large increase in the number of cases in this period. In contrast with the white proportion, African-American cases have shown the opposite trend and account for a higher percent of cases. In 1990, the African-American proportion was 40.8%; this figure increased to 43.4% in 1991 and to 45.8% in 1992. African-American cases

rose above 50% of all AIDS cases for the first time in 1993.

Both white and African-American HIV case proportions were 46.5% in 1989. Since that year, however, African-Americans have accounted for approximately 65% of all HIV infections in each year except 1993 (62.1%). White cases declined to 31.8% in 1992, rose slightly to 34.5% in 1993 and fell below 30% in both 1994 (29.9%) and 1995 (28.2%). It is clear that the impact of HIV and AIDS in Virginia disproportionately affects the state's African-American population and that the magnitude of the difference between African-Americans and whites is increasing as time passes.

MODE OF TRANSMISSION. The number one and number two most frequent modes of transmission for AIDS



cases are men having sex with men (MSM) and injecting drug use (IDU), respectively. MSM has declined from 69.7% of all cases in the period 1982-1988 to less than half of all cases (47.9%) in 1995. Injecting drug use rose from 10.1% of reported AIDS cases in 1982-1988 to 19.6% in 1995 (the highest year was 1993 with 20.8%). Heterosexual transmission of the virus is of increasing concern. Reflecting the increasing proportion of female cases in Virginia, heterosexual transmission rose from the fifth leading mode in 1982-1988 (3.9%) to the third leading mode in 1995 (13.2%).

Like AIDS in Virginia, the leading modes of transmission for HIV are MSM and IDU. Unlike AIDS, however, differences between the proportion of HIV cases attributable to the leading modes of HIV transmission are smaller. The proportions in 1990, the first full year of HIV reporting, were 34.8% for MSM, 20.8% for IDU and 11.8% for heterosexual transmission. By 1995, these percentages were 32% MSM, 17.5% IUD and 13.6% heterosexual.[1] Men having sex with men is declining as a cause of HIV infection while injecting drug use and heterosexual sex are increasing.

REPORTING NEW CASES. Given that the demographic characteristics of the HIV/AIDS epidemic in Virginia are changing, reporting new cases to the Health Department assumes new importance. Vigilant reporting means that changes in the epidemic can be accurately tracked over time and that our information is complete.

Having complete information about new HIV/AIDS cases is important and helpful for several reasons. One reason is that public health agencies can more precisely target prevention efforts as new trends in the data become apparent. A second reason is that the resources used in counseling, education and prevention can be distributed most efficiently if information is accurate. Third, if new cases are promptly reported, it is possible that new infections and increased suffering can be prevented through

timely partner notification and prevention counseling.

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[1] NIR (No Identified Risk) cases are not considered here because they are ones for which the mode of transmission has not, by definition, been determined. Multi-heterosexual cases are excluded because CDC guidelines do not recognize this mode of transmission; Virginia uses this mode for reporting purposes only.